



*The Commonwealth of Massachusetts*  
*Department of Public Safety*

*One Ashburton Place, Room 1301*

*Boston, Massachusetts 02108-1618*

*Phone (617) 727-3200*

*Fax (617) 727-5732*

CASHIER'S TRANS. NO.

**INSPECTION APPLICATION - PRESSURE VESSEL DATA**

New Installation ( )	Insurance Cancellation ( )
<b>TYPE OF PRESSURE VESSEL</b>	<b>CHECK ONE:</b>
Air Tank, Horizontal	( ) Fee - \$50.00
Air Tank, Vertical	( ) Fee - \$50.00
Boiler, Cast Iron Sectional	( ) Fee - \$50.00
Boiler, Other:	( ) Fee - \$100.00
Manufactured by:	Year:

Re-inspection to be performed by (check one):

STATE INSPECTOR ( )	INSURANCE INSPECTOR ( ) Insurance Company Name: _____
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In compliance with Mass. General Laws, Chapter. 146 and application regulations the undersigned applies for the required inspection.

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

**OWNER/USER INFORMATION (Please print)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

**LOCATION OF PRESSURE VESSEL (Please print)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

**Mail application to: Department of Public Safety, One Ashburton Place, Room 1301, Boston, MA 02108-1618, Attn: Cashiers Office. Enclose a check or money order made payable to: The Commonwealth of Massachusetts.**